

111TH CONGRESS
1ST SESSION

H. R. 3095

To improve the information in databases for individuals with cancer in the United States and to amend the Social Security Act to provide increased coverage for uninsured individuals upon first diagnosis of cancer.

IN THE HOUSE OF REPRESENTATIVES

JUNE 26, 2009

Mr. GRIFFITH introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To improve the information in databases for individuals with cancer in the United States and to amend the Social Security Act to provide increased coverage for uninsured individuals upon first diagnosis of cancer.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; FINDINGS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Medicare Cancer Patient Database and Coverage Act of
6 2009”.

7 (b) FINDINGS.—Congress finds the following:

1 (1) Each year, more than 1.4 million Americans
2 receive a cancer diagnosis, and more than 11 million
3 Americans are currently living with cancer.

4 (2) Newly diagnosed cancer patients need ac-
5 cess to quality health care from the time of diag-
6 nosis to ensure the best possible outcome, and those
7 entering the period of survivorship require active
8 monitoring and follow-up care related to effects of
9 cancer treatment and possible second cancers.

10 (3) More than 47 million Americans have no
11 health insurance, and this number includes many
12 who will be diagnosed with cancer this year.

13 (4) Among the non-elderly who receive a cancer
14 diagnosis, more than 10 percent are uninsured, and
15 among minority populations the percentage of unin-
16 sured cancer patients is higher.

17 (5) Those with no insurance receive less cancer
18 care and receive it later: they have lower rates of
19 cancer screening, experience delays in follow-up after
20 abnormal test results, and are diagnosed at a more
21 advanced stage of disease.

22 (6) Uninsured cancer patients receive less care
23 than the insured, and they may face substantial
24 medical expenses leading to bankruptcy.

1 (7) Young adults have worse cancer outcomes
2 than young children or older adults; experts believe
3 part of the discrepancy in cancer outcomes can be
4 attributed to the fact this population is less likely to
5 be insured than others.

6 (8) The Medicare program is a source of med-
7 ical insurance for more than half of all cancer pa-
8 tients.

9 (9) The Medicare program eliminates financial
10 barriers to care for its beneficiaries and provides
11 quality care to cancer patients.

12 (10) Access to care, better cancer outcomes,
13 and protection from devastating out-of-pocket med-
14 ical expenses could be assured to cancer patients by
15 providing all diagnosed with cancer the opportunity
16 to enroll in Medicare.

17 **SEC. 2. IMPROVING CANCER DATABASE.**

18 (a) IN GENERAL.—The Secretary of Health and
19 Human Services shall collect such additional data as may
20 be necessary to update existing databases that contain
21 data regarding individuals with cancer in the United
22 States in order to provide for accurate information of the
23 number of such individuals, the types and stages of can-
24 cer, and the efficacy of different treatments for the types
25 and stages of cancer.

1 (b) DATA.—The database under subsection (a) shall
 2 include information to monitor an individual’s full experi-
 3 ence with cancer based upon the stage of the cancer, from
 4 the initial diagnosis to early and continued treatment until
 5 elimination of evidence of cancer or death.

6 (c) INCREASED FUNDING.—There are authorized to
 7 be appropriated to the National Cancer Institute and the
 8 National Institutes of Health such additional funding as
 9 may be necessary to apply the information in the database
 10 for improved research and treatment of cancer, including
 11 providing physicians with timely information on outcomes
 12 to improve the treatment of cancer and to promote in-
 13 creased quality care.

14 **SEC. 3. MEDICARE COVERAGE FOR UNINSURED CANCER**
 15 **PATIENTS.**

16 (a) IN GENERAL.—Title II of the Social Security Act
 17 is amended by inserting after section 226A the following
 18 new section:

19 “SPECIAL PROVISIONS RELATING TO COVERAGE UNDER
 20 THE MEDICARE PROGRAM FOR CANCER FOR UNIN-
 21 SURED, INITIAL CANCER PATIENTS

22 “SEC. 226B. (a) IN GENERAL.—In accordance with
 23 the succeeding provisions of this section, every individual
 24 shall be entitled to benefits under part A, and eligible to
 25 enroll under parts B, C and D, of title XVIII, subject to

1 the deductible, premium and coinsurance provisions of
2 such title if the individual—

3 “(1) is medically determined to have an initial cancer;

4 “(2) is lawfully residing in the United States;

5 “(3) has not attained the age of 65 but would other-
6 wise be entitled under section 226(a) to hospital benefits
7 under part A of title XVIII;

8 “(4) is not covered by creditable coverage (as defined
9 in subsection (e)); and

10 “(5) has filed an application for benefits under this
11 section.

12 “(b) INITIATION AND DURATION OF BENEFITS.—
13 The period of entitlement and eligibility described in sub-
14 section (a)—

15 “(1) shall begin on the first day of the first
16 month following the date of the medical determina-
17 tion of cancer referred to in subsection (a)(1) (but
18 no earlier than the month preceding the month of
19 the filing of an application for benefits under this
20 section); and

21 “(2) shall end on the date the individual be-
22 comes otherwise entitled to benefits under part A of
23 title XVIII under section 226 or, if earlier, is cov-
24 ered under creditable coverage.

25 “(c) PROCEDURES.—

1 “(1) The Secretary shall ensure that processes
2 are established to prevent unnecessary delays in en-
3 rolling individuals with cancer under this section. In-
4 dividuals shall be enrolled on a timely basis upon the
5 filing of an application described in subsection (a)(4)
6 that includes evidence of an initial cancer diagnosis
7 and an attestation that the individual satisfies the
8 requirements of paragraphs (2) and (3) of sub-
9 section (a).

10 “(2) The Secretary shall develop educational
11 practices to help ensure that individuals enrolling
12 under this section satisfy the criteria established
13 under subsection (a) and shall implement post-en-
14 rollment procedures for identifying individuals who
15 do not satisfy such criteria.

16 “(3) The Secretary shall implement procedures
17 to ensure that the benefits available under this sec-
18 tion are not used as a substitute for health benefits
19 that employers or individuals could otherwise pro-
20 vide, obtain, or maintain, and the Secretary shall re-
21 port to Congress by the end of each fiscal year on
22 the effectiveness of such procedures.

23 “(d) CANCERS EXCLUDED.—In this section, the term
24 ‘cancer’ does not include basal cell carcinoma or squamous
25 cell carcinoma of the skin.

1 “(e) CREDITABLE COVERAGE DEFINED.—In this sec-
2 tion, the term ‘creditable coverage’ has the meaning given
3 such term in section 2701(c) of the Public Health Service
4 Act.”.

5 (b) EFFECTIVE DATE.—The amendment made by
6 subsection (a) shall apply to benefits for months beginning
7 6 months after the date of the enactment of this Act.

8 **SEC. 4. ENCOURAGEMENT OF EARLY DETECTION OF CAN-**
9 **CER.**

10 The Secretary of Health and Human Services shall,
11 through existing programs and other appropriate means,
12 provide for such an educational and outreach campaign
13 as will encourage individuals to be tested for cancer at
14 the earliest time for which such testing may be useful in
15 detecting the presence of cancer, based upon cancer
16 screening recommendations of the United States Preven-
17 tive Services Task Force.

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